POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		_		
O.I.P.E. CLASSIFIER		8	04/30/01	
FORMALITY REVIEW	D,	TC 83-3	05-703-01	
RESPONSE FORMALITY REVIEW	H. MI	615	107-12-01	
1				

INDEX OF CLAIMS

/	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected						
Claim Date	Claim	Date	Claim	Date		
Final Original Coriginal	Final Original		Final Original			
	51		101			
2 1	52		102			
3	53		103			
4	54		104			
5	55.		105			
6	56		106			
7	57		107			
8	58	 - - - - - 	108	 		
9	59	 	109			
10	60		110			
11 12	62		112	++++		
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14	64	 	114	 		
15	65		115			
16	66		116	1-1-1-1		
17	67		117			
18	68		118	1111		
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21	71		121			
22	72		122			
23	73		123			
24	74		124			
- 425 V	75		125			
26	76		126			
27	77		127			
28	78		128			
29	79		129			
30	80		130			
31	81		131			
32	82		132			
33	83	 	133			
34	84	 	134 135	 		
35 36	85	++++	136			
37	87	+	137	 		
38	88	 	138	+		
39	89	++++	139	 		
40	90		140	 		
41	91		141	++++		
42	92		142	+++++		
43	93		143	 		
44	94	 	144	 		
45	95	 - - - - - 	145	1 1 1 1 1		
46	96		146			
47	97		147	 		
48	98		148			
49	99		149			
50	100		150			
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

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